

Secretary of State Office
500 E Capitol Ave
Pierre, SD 57501
(605)773-4845

STATEMENT OF DISSOCIATION DOMESTIC LIMITED LIABILITY COMPANY

Please Type or Print Clearly in Ink

Please submit one **Original** and one **Photocopy**

FILING FEE: \$10 payable to SECRETARY OF STATE

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Telephone # _____

FAX # _____

The undersigned hereby files this statement of dissociation pursuant to SDCL 47-34A-605.

1. The name of the company is _____

Note: This must be the exact limited liability company name.

2. The name of the member dissociated from the company is _____

3. A copy of this statement has been delivered to the limited liability company

Dated _____

(Signature)

(Printed Name)

(Title)